

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21965**

No. 300  
10.48 FILED JUL 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5095 Registrar's No. 1 45

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JEFFERSON</u> b. CITY OR TOWN <u>RURAL ROCK TOWNSHIP</u> c. LENGTH OF STAY (in this place) <u>35YRS.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR BARNHART Mo</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u> c. CITY OR TOWN <u>ROCK TOWNSHIP</u> <u>0500</u> d. STREET ADDRESS (If rural, give location) <u>NEAR BARNHART Mo</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>NETTIE BLAKE</u> a. (First) <u>NETTIE</u> b. (Middle) <u>BLAKE</u> c. (Last) _____		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>JUNE 26. 53.</u>	
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W.</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>JULY 17. 1876</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>HOME</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>HIGH RIDGE Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>	
<b>13a. FATHER'S NAME</b> <u>ELI SCOTT</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>GERTRUDE TOWER</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>SYLVESTER BLAKE</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>SYLVESTER BLAKE, PEVELY Mo</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>General Peritonitis</u> ANTECEDENT CAUSES <u>Primary (L. breast)</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			_____ _____ _____
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>170 X</u>			_____ _____
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Barnhart Jefferson Mo</u>		<b>21c. (City, town, or township) (COUNTY) (STATE)</b> <u>Jefferson Mo</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>		_____	
<b>22. I hereby certify that I attended the deceased from</b> <u>April</u> , 19 <u>52</u> , to <u>6/26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6/25</u> , 19 <u>53</u> , and that death occurred at <u>8: A.</u> m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>Ruth M. O.</u>		<b>23b. ADDRESS</b> <u>Imperial Mo</u>	
<b>23c. DATE SIGNED</b> <u>6/26/53</u>		_____	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>		<b>24b. DATE</b> <u>JUNE 28-53.</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>BURGESS CEMETERY</u>		<b>24d. LOCATION (City, town, or county) (State)</b> <u>ANTONIA Mo</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>7-4-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Ruth J. J. 438</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>HEILIGTAG FUNERAL HOME IMPERIAL Mo</u>		_____	

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 10 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Arthur W. Healey*

Licensed Embalmer No. 3872

P. O. Address

*Imperial Inc*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.